



NAADAC 2020
Virtual Hill Day

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A Virtual Experience

Substance Use Disorder and Mental Health Parity

Parity: *If a health plan offers a mental health (MH) or substance use disorder (SUD) coverage benefit, it must be no more restrictive than the medical benefit the beneficiary is entitled to. Parity does not mandate a plan to offer MH and/or SUD treatment benefit, only to make it no less than what is offered regarding the medical benefit.*

The **Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act** of 2008 mandates parity, but it has not been adequately enforced or regulated, causing many individuals with a SUD to not receive needed treatment.

Why Should the Federal Government Take a Role in This Issue?

Market forces become "market failures" when addressing a disease mired in stigma and discrimination. NAADAC believes that a federal law is appropriate to correct the current market failure that places an unfair burden on American taxpayers who must pay for the social consequences of insufficient coverage. The burden on the family is immense and with little support for treatment, we often see the person with a SUD and their family members use more community resources to battle the consequences of the disease.

If SUDs (including alcohol and nicotine) are not treated, the consequences of addiction only increase, resulting in high costs in other areas of the public and private systems. When insurance coverage is inadequate, most families lack personal resources to pay for treatment. They turn to the public system which fund federal, state, county, or city treatment programs with taxpayer dollars. In addition, untreated SUD impacts our health systems through alcohol- and drug-related injuries and diseases such as cirrhosis, fetal alcohol syndrome, AIDS, stroke, hepatitis C, and cancer. Costs are also passed on to the criminal justice system, where high numbers of individuals with substance use issues make up our prison populations. As addiction progresses and treatment is unavailable costs skyrocket in loss of productivity in the workplace, harm to families, and other societal impacts and losses.

What Can Congress Do?

NAADAC supports growing calls from stakeholders to strengthen SUD and MH parity laws at the federal level. While current laws, regulations, and guidance require insurers to treat SUD and MH the same way they treat medical or physical illness, the lack of enforcement has led to significant gaps in coverage for millions of Americans suffering from these issues. Reps. Kennedy (D-MA) and Bilirakis (R-FL) introduced the ***Strengthening Behavioral Health Parity Act*** ([H.R. 7539](#)) to strengthen existing parity laws. Overall, this bipartisan bill would:

1. Prohibit health insurance plans from imposing less favorable benefit limitations;
2. Increase transparency with respect to how health insurance plans are applying parity laws; and
3. Require federal regulators to request comparative analyses for plans that involve potential violations or complaints regarding noncompliance.

The ***Strengthening Behavioral Health Parity Act*** was approved by the House Energy and Commerce Committee in July 2020. NAADAC calls on House and Senate leaders to commit to considering this bill as a stand-alone bill or part of a larger legislative package before the end of the year. This bill is an important step in the right direction toward helping addiction professionals build momentum for more comprehensive SUD parity enforcement.